

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 143

Primary Registration District No. 5560

Registrar's No. 102

FILED SEP 30 1963

1. PLACE OF DEATH

a. COUNTY

HOWELL

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Willow Springs Twp.

Length of stay in 1b

2 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 5mi W-Willow Spgs

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Clay

c. CITY

Flora

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) East Dr. & Austin Ave/

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

(Mrs.)

TROPHIE

SNYDER

4. DATE OF DEATH

Month

Day

Year

Sept.

22

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/3/69

9. AGE (last birthday)

94

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Teacher

11. BIRTHPLACE (City and state or country)

Deer Creek, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Andrew J. Amarman

13b. MOTHER'S MAIDEN NAME

Mary Carter

14. NAME OF HUSBAND OR WIFE

M.T. Snyder (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Lemuel Gilbert (Dau)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis generalized & Cerebral

DUE TO (c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypostatic Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 20, 1961 to Sept 22, 1963 and last saw her alive on Sept. 20, 1963

Death occurred at 5:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas. L. Coffee M.D.

22b. ADDRESS

Willow Springs, Missouri

22c. DATE SIGNED

9/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9/22/63

23c. NAME OF CEMETERY OR CREMATORY

Handcock Funeral Home

23d. LOCATION (City, town, or county)

Flora, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Burns Funeral Home. Willow Springs

25. DATE RECD. BY LOCAL REG.

9/25/63

26. REGISTRAR'S SIGNATURE

Wm. B. Bess

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

1 0460

2 8/20

3

4 1

5 2

6

7 1

8 2

9 32X

10

11

12 90-0

13 30

1961 OCT 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas R. Burns

Licensed Embalmer No.

24214

P. O. Address

Water Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.